

MDR Tracking Number: M5-04-3433-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 06-08-04.

The IRO reviewed therapeutic activities, mechanical traction, therapeutic exercises, chiropractic manipulations, physical performance evaluation and neuromuscular stimulator rendered from 09-25-03 through 01-23-04 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the **majority** of issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 07-20-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 97124 date of service 08-20-03 per explanation of benefits was paid at \$25.70. This is the MAR under the Medical Fee Guideline effective 08-01-03. No additional reimbursement for CPT code 97124 date of service 08-20-03 is recommended. CPT code 99205 date of service 08-20-03 denied with denial code N. The requestor submitted relevant information to meet documentation criteria for a new patient examination. Reimbursement is recommended in the amount of \$137.00.

This Findings and Decision is hereby issued this 8th day of September 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 08-20-03 through 12-18-03 in this dispute.

This Order is hereby issued this 8th day of September 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

08/31/2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-3433-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to

Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was injured on ___ while working for ___. She has complicating factors of diabetes, high blood pressure, hyperlipidemia and smoking. She fell on a wet floor twisting her ankle, striking her left elbow and right knee on the ground. Initial complaints were of neck pain, mid low back pain, left shoulder pain, left elbow pain, left leg pain, left hip pain, right and left neck pain and left arm pain. The patient was treated with passive and active treatments. The patient was seen by Dr. A and Dr. U. Left elbow, right knee and pelvic MRI's were performed. Neurodiagnostic testing was performed on 11/19/03 with the Evoked Potential tests showing right median sensory neuropathy. The NCV was WNL. Functional capacity and physical performance testing were present throughout treatment. On 11/19/03, the patient saw a designated doctor, Dr. Z. Dr. Z found the patient to not be at MMI. After active therapy, a work hardening program was approved by the carrier on 2/19/04 (5x4 weeks).

The records reviewed include but are not limited to the following: Initial report from Montana rehabilitation, DD exam by Dr. Z, FCE's of multiple dates, Pelvic MRI, notes from Dr. U, Neurodiagnostic testing 11/19/03, Notes from Dr. A, left elbow MRI 8/28/03, MRI of right knee and left ankle 8/27/03, MRI of lumbar spine 8/25/03, request for work hardening, daily notes from 8/20/03 through 1/23/04, work hardening notes through 3/5/04 and therapeutic exercises from 11/4/03 through 1/23/04.

DISPUTED SERVICES

Services under dispute include therapeutic activities (97530), mechanical traction (97012), therapeutic exercises (97110), chiropractic manipulations (98940-25, 98941-25, 93943-25), physical performance evaluation (97750) and neuromuscular stimulator (E0745) from 9/25/03 through 1/23/04.

DECISION

The reviewer agrees with the previous adverse determination regarding the following services on the following dates: 97012 (1/12/04), 97110 (12/4/03, 1/12/04, 1/20/04), 98940-25 (1/9/04), 98940 (1/23/04), E0745 (11/10/03), 98942-25 (1/16/04).

The reviewer disagrees with all remaining services under review.

BASIS FOR THE DECISION

The reviewer notes that the patient continued to improve with rehabilitative treatments through the end of December 2003. The FCE of 2/2/04 did not show improvement in the patient's functional ability or pain levels. According to the Medical Disability Advisor, a patient with the accepted diagnoses would be expected to improve within 10-12 weeks after injury. Therefore, according to TLC 408.021 and the Medical Disability Advisor active treatment through 1/1/04 would be reasonable and necessary. The 12/4/03 date of service is denied for 97110 due to the lack of need for a patient to perform rehabilitation on three straight dates. Manual traction is denied as passive therapies are not medically necessary in the chronic phase of treatment. According to the records received, the medical necessity of the stimulator unit could not be substantiated. Manipulations were not approved due to the fact that most research indicates that manipulation is effective in the acute phase of treatment in the lumbar spine. The manipulations did not appear to increase functionality, ability to return to work or reduce pain levels. Physical performance tests were required to determine if the patient is improving and to change/adapt programs to help the patient return to work.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,